## BEST AVAILABLE COPY

PATENT	APPLICATION FE	E DETERMINATION	RECORD

Effective October 1, 2003

10762843

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL E	NTITY	OR	OTHEF SMALL		
TO	OTAL CLAIMS	,	9			-	Г	RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUME	ER EXTRA	В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20= -		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				ninus 3 =		·		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT					Γ	+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							-	TOTAL	345	OR	TOTAL	
CLAIMS AS AWENDED - PART II (Column 2) (Column 3)						\$	SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMĘNT A	077	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 5	Minus	2	0			×\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF MI	Minus	3 3	CLAIN	<u> </u>		X4 <del>3≤</del>		<del>on</del>	X86=	
	PIRST PRESE	INTATION OF MI	- IPLE UE	PENDEN	CLANI		,	145=		OR	+290=	
						•	AD:	TOTAL DIT. FEE		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colun	าก 2)	(Column 3)	_			-		
ENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	wiinus	drd.		Ξ	>	<b>(\$ 9=</b>		OR	X\$18=	
Ę.	Independent	•	Minus	***		= .	,	×43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM	<u> </u>	1	145=		OR	+290=	
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		_(Colum	in:2)	(Column 3)	٠				•	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENUMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	ŕ	ius	94		=	X	\$ 9=	l	OR	X\$18=	
A B I	<b>ind</b> ependent	*	linus	***		-	X	43=	•	OR	X86=	
	FIRST PRESE	NTATION OF CIL	- IPLE DE	PENDENT	CLAIM					- 1	.000	
		nn 1 is less than th						145=		OR [	+290= TOTAL	
-e-il	** If the "Highest Number Providedly Pull For IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Providedly Pull For IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											
The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												

## This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

## BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not l	imited to the items checked:
☐ BLACK BORDERS	
☐ IMAGE CUT OFF AT TOP, BOTTOM OR S	SIDES
FADED TEXT OR DRAWING	
☐ BLURRED OR ILLEGIBLE TEXT OR DRA	WING
☐ SKEWED/SLANTED IMAGES	
☐ COLOR OR BLACK AND WHITE PHOTO	GRAPHS
GRAY SCALE DOCUMENTS	
☐ LINES OR MARKS ON ORIGINAL DOCU	MENT DUNNES OF MA
☐ REFERENCE(S) OR EXHIBIT(S) SUBMIT	TED ARE POOR QUALITY
OTHER:	Connection of the contract of

As rescanning these documents will not correct the image in problems checked, please do not report these problems to health the IFW Image Problem Mailbox.